


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000000220</b> 1. Entity Name <b>STANLEY MINISTRIES FOR THE DISABLED AND ELDERLY, INC.</b>					
Principal Place of Business 1129 ARCO DR JACKSONVILLE FL 32211		Mailing Address P.O. BOX 8027 JACKSONVILLE FL 32239			
2. Principal Place of Business - No P.O. Box # <b>1129 ARCO DR</b>		3. Mailing Address <b>P.O. BOX 8027</b>			
Suite, Apt #, etc. 		Suite, Apt #, etc. 			
City & State <b>JAX, FL</b>		City & State <b>JAX FL</b>		4. FEI Number <b>59-3425440</b>	
Zip <b>32211</b>		Country <b>DUVAL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STANLEY, HUGH C</b> <b>6427 SIMCA DR</b> <b>JACKSONVILLE FL 32277</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STANLEY, HUGH 6427 SIMCA DR JACKSONVILLE FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STANLEY, SHIRLEY 6427 SIMCA DR JACKSONVILLE FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TROTTA, DAVID 1730 SHADOWOOD LN, SUITE 302 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Shirley F. Stanley</u>			Date <u>2-5-07</u> Daytime Phone # <u>904-7441536</u>		